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Approved for use through 4/30/2003, OMB 0651-0032 stemark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trade Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a wald OND control number. PATENT APPLICATION FEE DETERMINATION RECORD M. 14871725 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED MARKER FYTRA RATE FEE BASIC FEE (37 CFR 1.16(a)) RATE OR TOTAL CLAIMS (37 CFR 1.18(c)) nalnus 20 = OR INDEPENDENT CLAIMS (27 CFR 1.16(b)) ndnus 20 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * (The difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAMS HIGHEST REMAINING PRESENT NUMBER RATE RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL MENDMENT TIONAL PAID FOR FFF FEE . ENDM 194 Minus 94 OR X S CEF CER 1.160/9 X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) ++ OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 1) (Catumn 2) (Column 3) CLAIMS HIGHEST m REMAINING PRESENT NUMBER imban .. RATE EN RATE ADDI. **AFTER** PREVIOUSLY **EXTRA** TIONAL ENDMENT TIONAL PAID FOR

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This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.